

what they have taken for *diluvium* is ground of recent formation, and has none of the characters of diluvian formations." A thunder-bolt falling at the feet of M. Quatrefages would have astonished him less. The whole scaffolding he had been erecting was shivered to the ground. The public grinned, and immediately quitted the Academy, whose business was ended in their eyes. M. Milne-Edwards swore, but rather too late, that they couldn't take him in. Whereupon M. Quatrefages, finding himself denied even by his companion, struck his colours, muttered a few words, and regained his seat quite crest-fallen. Certainly, from the very beginning, a word from M. Beaumont would have settled the question of the molar; but he designedly let his colleagues put their foot well into it, and so gave them a lesson which we hope will not soon be forgotten. So ended the comedy.

Association Intelligence.

BRITISH MEDICAL ASSOCIATION: ANNUAL MEETING.

THE Thirty-first Annual Meeting of the British Medical Association will be holden at Bristol, on Wednesday, Thursday, and Friday, the 5th, 6th, and 7th days of August.

PHILIP H. WILLIAMS, M.D., *Gen. Sec.*
Worcester, April 21st, 1863.

BRANCH MEETINGS TO BE HELD.

NAME OF BRANCH.	PLACE OF MEETING.	DATE.
WEST SOMERSET. [Annual.]	The Squirrel Hotel, Wellington.	Wednesday, July 1, 2 P.M.
READING. [Annual.]	Council Chamber, Reading.	Wednesday, July 1st, 3.45 P.M.
MIDLAND. [Annual.]	Board Room of the Infirmary, Derby.	Thursday, July 2nd, 2 P.M.
METROPOL. COUNTIES. [Annual.]	Crystal Palace, Sydenham.	Tuesday, July 7, 3.30 P.M.
NORTH WALES. [Annual.]	Royal Hotel, Rhyl.	Tuesday, July 7, 1 P.M.
SOUTH MIDLAND & CAM- BRIDGE & HUNTINGDON. [Annual.]	Infirmary, Peterborough.	Thursday, July 9th, 1 P.M.

METROPOLITAN COUNTIES BRANCH.

THE Eleventh Annual Meeting of this Branch will be held at the Crystal Palace, Sydenham, on Tuesday, July 7th, at 3.30 P.M. President-elect: Francis Sibson, M.D., F.R.S.

The members will afterwards dine together.

A. P. STEWART, M.D.,
ALEXANDER HENRY, M.D., } *Hon. Secs.*
London, June 11th, 1863.

SOUTH MIDLAND AND CAMBRIDGE AND HUNTINGDON BRANCHES.

THE Annual Meeting of these Branches combined will take place at the Infirmary, Peterborough, on Thursday, July 9th, at 1 P.M. President-elect: William Paley, M.D.

Gentlemen intending to read papers or cases will oblige by forwarding the titles as early as possible to the Honorary Secretaries,

JOHN M. BRYAN, M.D., Northampton; or
G. M. HUMPHRY, M.D., Cambridge.

Special Correspondence.

CALCUTTA.

[Letter from S. G. CHUCKERBUTTY, M.D.]

April 2nd, 1863.

It might be interesting to your professional readers to know that in this hot season, with the thermometer ranging above 100° in the sun, and hitherto without any rain, epidemic diseases are exceedingly prevalent in Calcutta. Cholera, small-pox, measles, and chicken-pox are so well known that little need be said about them, except that they are more rife than they have been for some years past. Cholera, as usual, counts the largest number of victims, the admissions into the Medical College Hospital being about twenty a day. Diphtheria, too, has carried off some persons; it assumes here much the same characters as in England, but ignorant practitioners not unfrequently mistake for it other throat-affections of totally different nature. This name just now is uppermost in men's minds; and no sooner is a little whiteness on the palate or ulceration of the tonsils observed, than the conclusion is at once jumped at, "Here is a case of diphtheria"; although the essential conditions of that disease may be entirely wanting. So cases of common cynanche, abscess of the throat, and other allied affections, I have sometimes seen trumpeted forth as cases of diphtheria. A very striking instance of this kind occurred to me only a few weeks ago, of which I shall give here some brief details.

On the 10th of March last, I was called to see a little child, three years old, who had been suffering from fever for two or three days. At this time there was nothing unusual about the case, and a very little medicine sufficed to effect a cure. He had no fever that day, nor the following; and every hope was entertained that he would be all right ere long. In the evening of the second day, however, the mother frantically rushed into my house, imploring me to call on her child, as, she said, she had seen something white in his throat while he was crying, which she was told was diphtheria. I visited him at once, and succeeded, after some difficulty, in inspecting his throat. The tonsils were somewhat swollen, and there was a small ash-coloured slough on the surface of each. The respiration was perfectly healthy every where; and, though he had a slight cough, there were no physical signs of disease of the chest. There was no fever nor restlessness, and no inability to swallow. Considering, therefore, that there was no present necessity for active interference, I left the patient for the night, after prescribing for him a mixture containing chlorate of potash and quinine. At my next visit, the child had become irritable and rather disinclined to open his mouth; but he had slept well, and was still disposed to doze. The sloughs had not grown larger, but the inflammatory swelling was extending downwards. The respiration was good; percussion-note of the chest clear; pulse tranquil; no feverish heat of skin; no diphtheritic deposit in the mouth. A twenty-grain solution of the nitrate of silver was now ordered to be applied to the throat morning and evening, the

mixture being continued along with generous diet. There was no further change this day. The next morning the mother reported that the child was very restless during the first part of the night, but had become quieter and fallen asleep towards the latter part. He had had much cough, and some difficulty of breathing; but, when I saw him, all this was changed. His complexion then was good, inclined rather to be ruddy than otherwise; pulse not much excited; respiratory murmurs healthy; skin not particularly warm; but there was a good deal of thirst, the iced water being taken with considerable avidity; no appetite. Later this day, I was waited upon by a friend of the mother, who told me that the child was then very ill, having a stronger fit than in the night. I immediately called, and found that my patient was breathing with great difficulty, the sternum sinking in with every inspiration. The percussion-note of the chest was clear throughout, but there was an entire absence of respiratory sounds. A mustard plaster had been applied to the neck, but without producing the least beneficial effect. Inferring from the foregoing circumstances that there was closure of the glottis from inflammatory swelling and spasm, I proposed tracheotomy, to which consent was granted after some delay. He was then removed by my advice to the Medical College Hospital. The operation, which was ably performed by my friend and colleague Dr. Joseph Fayrer, first surgeon to the hospital, gave immediate and marked relief, re-establishing normal respiration, and removing every vestige of dyspnoea. The child fell asleep; and we left him with the tube in his windpipe, under the care of a competent assistant. But, although there was no lack of attention, the tube unfortunately became clogged, some hæmorrhage came on in the course of the night, and the poor fellow ultimately died about eight hours after the operation. It seemed very probable in this case that, had not the accident of the stoppage of the tube occurred, the child might have recovered—a circumstance which makes his fate a matter of regret.

I will now relate another interesting case, which is rare, and bears in several points a good deal of resemblance to the cases of malignant pustule recently brought to the notice of the professional public by Dr. William Budd, through the medium of the *BRITISH MEDICAL JOURNAL*.

J. L., aged 34, came under my treatment about ten days ago. He had been suffering from an intermittent fever, with enlargement of the spleen and liver, for some years, and was under my own care for a short time two years before. About a year ago, he had had severe epistaxis, and ever since then had continued to bleed more or less every day. By a sojourn in the Upper Provinces, he had grown apparently much stronger, and his complexion was decidedly redder, though the enlargement of the spleen and liver still remained, and blood flowed from the nose and mouth every now and then. He had come down to Calcutta on business; but, on the second day after his return, he had a violent fit of ague, along with an excruciating pain in the left cheek and eye. There was a bright spot on the skin of the lower eyelid, in which he had a dreadful itching. He fancied this was owing to the lodgment of grains of sand

in the eye during his late railway journey. The eyeball, however, was remarkably clear and sound, and there was nothing notable in the conjunctiva. The lower eyelid was somewhat swollen, and there was bleeding from the nose and mouth to a small extent. The pulse was excited, body warm, and mind unnaturally anxious. I ordered him quinine, with compound infusion of roses and dilute sulphuric acid; Goulard's lotion for the eye, port wine, and generous diet. The following day, the swelling had involved both the eyelids, which could be forced open still, when the eyes themselves were found to be quite healthy, the power of vision being no way affected. The pain, however, was still most agonising; and, as the lotion had done him no good, he was ordered warm fomentation with poppy-heads boiled in water; and solid nitrate of silver was applied around the swelling, which was itself also pencilled over with the same caustic. These measures removed the pain; but the next morning the whole of the left side of the face, from the eyebrow to the chin, was immensely swollen; the lips were much tumefied and distorted; but there was nothing inside the mouth; and the eyelids were still capable of being forced open after persevering fomentation. The same measures were continued, with the free use of food and wine, till the afternoon, when, the swelling of the eyelids having become unyielding, and there being great pressure on the eye, I incised freely both the portions, which gave vent to a good quantity of reddish serum, and afforded great and immediate relief, the tumour subsiding considerably. Another and a freer use of the caustic was now made; and, as diarrhoea had now set in, some laudanum was combined with the quinine mixture, and food and port wine liberally given. Nevertheless, the next day the skin was found still more distended and brawny on the left cheek. There was a hard unyielding swelling on the throat; and the patient was fearfully agitated, complaining that his breath was choking. A longitudinal incision below the chin discharged a considerable quantity of serum, the swelling subsided somewhat, and he felt partial relief. Shortly, however, the distress of breathing returned; and he died about 1 o'clock p.m. on the 30th of March, that being the end of the fifth day of his present illness.

What was the nature of this case? Was it erysipelas, cancrum oris, or malignant pustule? I have seen a good many cases of erysipelas of the face, but this was nothing like them. There was no sloughing of the skin, muscle, or mucous membrane; so it could not be cancrum oris. It possessed, so far as I could make out from published statements, many of the characters of the malignant pustule, modified, no doubt, by the peculiar constitution of this patient. I may be wrong; but I thought it right to communicate these particulars of what appeared to me to be an obscure disease. As far as I can trust my memory, I remember only one other case of this kind in Calcutta many years ago, when a middle aged missionary, up to then in good health, was suddenly taken ill with a similar pain and swelling in the face and neck, and died of suffocation about the third or fourth day.